



MONTANA DEPARTMENT OF CORRECTIONS ADMINISTRATIVE POLICIES

Policy No.: DOC 1.1.14	Subject: OFFENDER/STAFF COMMUNICATION METHODS
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 2, plus attachment
Section 1: General Administration	Revision Date: Jan.10, 2001; July 8, 2005
Signature: /s/ Bill Slaughter, Director	Effective Date: June 1, 1998

I. POLICY:

It is the policy of the Department of Corrections to utilize a standard Offender/Staff Request (OSR) form to facilitate the exchange of information between offenders and staff in all Department facilities and programs.

II. IMPLEMENTATION:

This policy will be implemented on the revision date.

III. AUTHORITY:

DOC Policy 1.5.5 Case Records Management
DOC Policy 4.1.2 Offender Orientation

IV. DEFINITIONS:

Facility Administrator – The official, regardless of local title (administrator, warden, superintendent), ultimately responsible for the facility or program operation and management.

V. PROCEDURES:

A. Facility Responsibility

1. Each facility or program administrator will develop an offender/staff written communication method that conforms to the general requirements of this policy.
2. The facility or program administrator will ensure that all offenders are made aware of the contents of this policy.
3. Each facility or program will develop a tracking and filing system for Offender/Staff Request forms to ensure that safety, security, and case management issues are addressed and maintained in accordance with applicable records retention procedures and available for quality assurance measurement.

B. Offender Communication Methods

1. Offenders with questions or problems that require a written response from Department or facility staff must use the OSR form provided by the facility for all offender to staff communication (see Attachment A).
2. The only exception to the consistent use of the OSR form for offender to staff

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communication will be made when the correspondence requires the use of the following specific forms:

- grievance forms
 - medical and dental health care requests
 - classification and disciplinary appeals
3. If offenders attempt to communicate with staff by using other than the approved forms; for example, by card, note, or letter; disciplinary action may result.
 4. Each OSR must be limited to one issue with the written contents limited to the space provided on the form. No attachments or multiple offender signatures will be accepted.
 5. Offenders will not use demeaning, threatening, profane, or vulgar language. If the OSR system is misused to harass or abuse staff, disciplinary action may result.
 6. OSR forms will be mailed, via the facility internal mail system, either sealed or unsealed, and will be addressed to the appropriate staff member.
 7. Offenders may provide additional information pertaining to their questions or concerns when requested by staff to do so.
 8. Offender noncompliance with the requirements of this policy may result in the OSR being returned to the offender.

C. Staff Communication Methods

1. Staff will ensure that OSR forms are readily available in each housing unit and from unit management staff.
2. Staff response to the OSR may be either written or verbal, and will be timely. If an immediate response is impossible, staff will acknowledge receipt of the request and provide the offender with an anticipated date of response.
3. If staff determines that the issue addressed in the OSR is an emergency or involves safety or security issues, the OSR must receive immediate attention. Staff will provide a response to the offender within 24 hours from receipt of the OSR.
4. When the receiving staff member determines that an alternative communication method (such as grievance or disciplinary appeal) is more appropriate, the staff member will provide this explanation to the offender on the OSR form.
5. No staff member will intercept, stop, destroy, delay or otherwise attempt to interfere with offender to staff correspondence.

VI. CLOSING:

Questions concerning this policy should be directed to the facility administrator.

Form

Offender/Staff Request Form (Attachment A)

OFFENDER/STAFF REQUEST (OSR) FORM

TO: _____ **DATE:** _____
(Name and title of staff person)

NAME: _____ ID# _____ FACILITY: _____ UNIT: _____

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Please be specific and limit your explanation to the space provided) _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

STAFF RESPONSE: (for staff use only)

[illegible]

(Staff Member Signature) / (Job Title) / (Date)